



Distinguishing Mental Illness Myth from Reality in the Law Enforcement Arena

February 26, 2004

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(Moderator for this call is Shannon Flanagan.)



Sgt. Karl McDade

Original coordinator of the Portland, Ore., Police Department Crisis Intervention Team (CIT), which was modeled on the CIT developed by the Memphis, Tenn., Police Department. He has trained officers around the West Coast in how to avoid injuries to themselves and civilians during crises involving people who have mental illnesses. Sgt. McDade has 33 yrs. of law enforcement experience in all phases of police work, from undercover narcotics to managing a \$1,000,000+ police charity. He is currently a patrol sergeant and routinely utilizes the techniques he will discuss.

Role of Police

- Not social worker or medical personnel
- Objective:
 - Assess need for civil commitment
 - Effect custody, if appropriate, as humanely as possible
 - Find appropriate referral, if custody inappropriate

Behavior of People with Mental Illness in Crisis

- Can be strange and frightening but not necessarily dangerous
- Intent: usually to keep people away
- Cause: fear and/or frustration
- Possible outcome: anger and violence

Most Officer Safety Training

- Designed to deal with criminals who will:
 - Understand what is happening to them
 - Respond relatively predictably
- Not helpful in crises involving people with mental illnesses, who may:
 - React unpredictably
 - Resist or seem to resist custody
 - Behave in a way perceived as threatening

Why Different Strategies?

- Humane Treatment
- Avoid Officer Injury
 - People with mental illness in crisis may not feel pain
 - People with mental illness in crisis may develop super strength

Strategies: **Verbal De-Escalation**

- Restores people to where they can be helped
- Requires understanding of crisis cycle
- Uses appropriate body language and verbalization to:
 - Reduce anxiety and fear
 - Reduce frustration

Verbal De-Escalation works because:

- There is a part of most individuals with mental illnesses that realizes they are out of control and wishes to regain control
- Police officer's job:
 - make contact with that core personality
 - help person regain at least partial control
 - requires flexibility and constant reading of feedback

Most common behaviors of individual in a mental health crisis:

- Fear-induced behavior
- Frustration-induced behavior
- Manipulation
- Intimidation

Rules for Contact

- Rule of Time
- Rule of Palms
- Rule of Echoes
- Rule of Five
- Rule of Distance

Police Behavior

- Remain alert and ready
- Appear relaxed
- Draw upon variety of effective stances, in different types of locations
- Remain vigilant, employing verbal de-escalation skills

Training: Small Departments, Sheriff's Offices

- All patrol officers should receive some crisis intervention training:
 - Minimum of eight hours
 - Should include:
 - Crisis Cycle
 - Communication skills
 - Contact with consumers (people with mental illnesses)
 - Basics about major mental illnesses
 - Basics about common prescribed medications
 - Suicide prevention

Training: Medium-Sized Departments (200-1,000 officers)

- Memphis Crisis Intervention Team (CIT) model often suitable:
 - Volunteer patrol officers from each shift and precinct
 - 40 hours specialized training
 - Dispatchers required to send CIT officers to calls involving people with mental illnesses

Training: Large Departments

- Trained officers (sometimes partnered with mental health professionals) handle nothing but mental health calls throughout the city 24-7

Possible to improve police service to:

- Maintain officer safety
- Avoid injuries to civilians
- Treat people with mental illnesses humanely
- Avoid adverse publicity and civil suits, and terrible impact on everyone involved, following death of person with mental illness at the hands of police

Dr. Risdon Slate

Professor of Criminology and Chair of the Department of Sociology & Criminology at Florida Southern College in Lakeland, Fla. He has testified before the U.S. House of Representatives Judiciary Committee, Subcommittee on Crime, regarding the impact of persons with mental illnesses on the criminal justice system. He has served as a consultant and published extensively on matters concerning the mental health and criminal justice systems; and he continues to train law enforcement and detention officers on how to deal with persons with mental illnesses in crisis.

Mental Illnesses: **Background**

- Mental illnesses affect one in five Americans. (*Mental Health: A Report of the Surgeon General*, 1999)
- Anyone can be affected
 - Winston Churchill – bipolar disorder
 - Ernest Hemingway – bipolar disorder
 - Abraham Lincoln – major depression
 - Lionel Aldridge (defensive lineman, Green Bay Packers) – schizophrenia
 - Vincent Van Gogh – bipolar disorder
 - John Nash, Jr. (Nobel Prize-winning mathematician, “A Beautiful Mind”) – schizophrenia

Stigma

- “Compared with the risk associated with the combination of male gender, young age, and lower socioeconomic status, the risk of violence presented by mental disorder is modest.” (*What do we know about mental disorder and violence?*, Policy Research Associates, December 1994.)
- Media portrayals
- Consumers of mental health services and family members as instructors of law enforcement officers

Medication

- Individuals with mental illnesses might not take medications because of:
 - Agnosia
 - Adverse side effects
 - Lack of parity
 - Lack of financial resources
 - Managed care
 - Restricted formularies
 - Medical mistakes

Criminal Justice System

- Crisis often drives policy
 - Criminal justice system = de facto mental health system.
 - Two largest inpatient psychiatric institutions in the U.S.?

Criminal Justice System: How did it get this way?

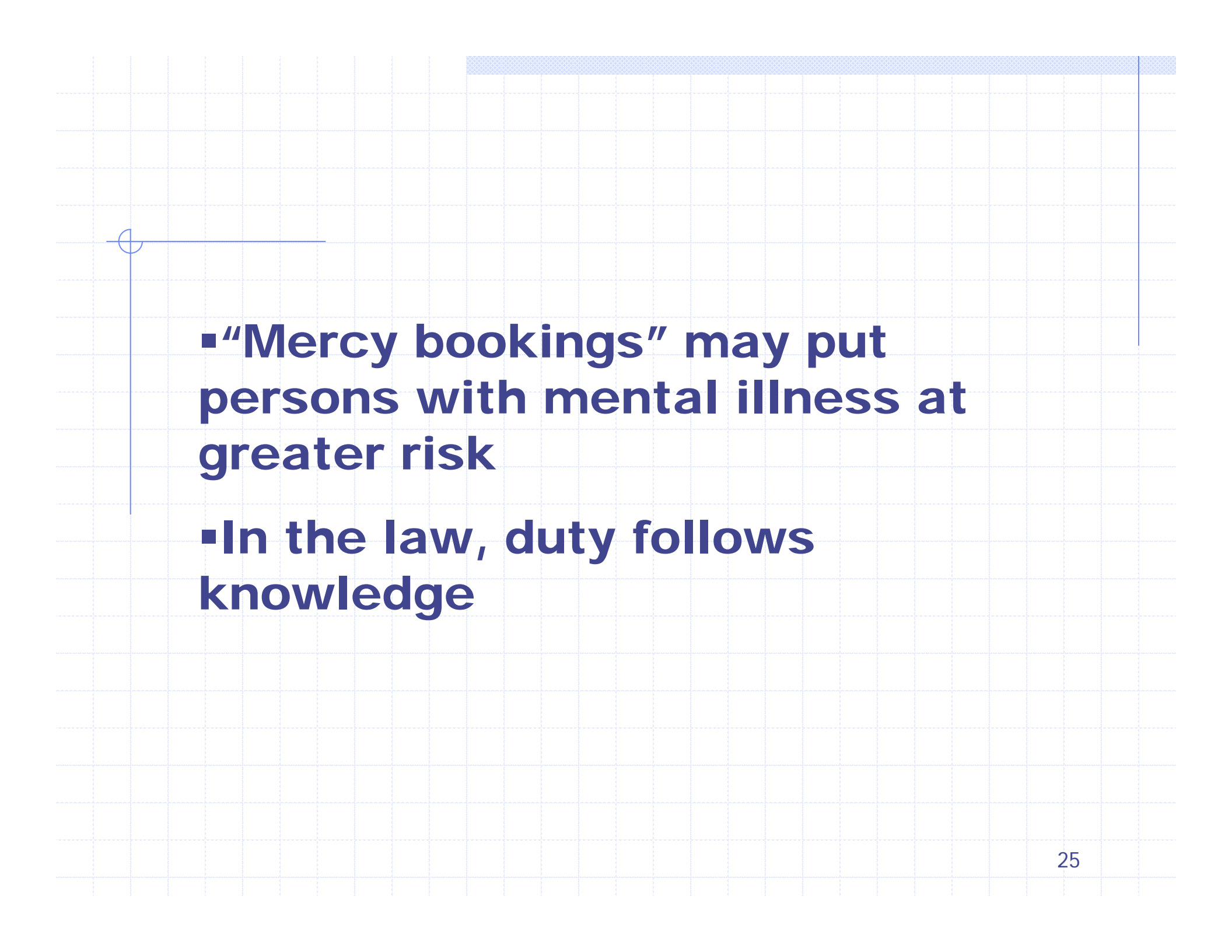
- Historically
 - “social sanitation”
- Today
 - more knowledgeable
 - better science
 - better psychotropic medications

Criminal Justice System (cont.)

- What has happened:
 - De-institutionalization
 - Managed care or insufficient insurance coverage
 - Restricted formularies
 - Medication reimbursement caps
 - Approximately 20%-25% of the nation's single adult homeless population has serious mental illness. (www.nationalhomeless.org/mental.html)
 - Co-occurring disorders and self-medication

Most Jails Characterized by:

- Inadequate mental health treatment
- Increased potential for victimization of persons with mental illness
- Lack of discharge planning

- 
- “Mercy bookings” may put persons with mental illness at greater risk
 - In the law, duty follows knowledge

Recommendations

- More options
- Adequate mental health treatment in jails and prisons
- Foster partnerships between key players in criminal justice and mental health systems
- Better training related to persons with mental illness
- Explore innovative funding schemes for promising approaches

Recommendations (cont.)

- Follow-up for those diverted from the criminal justice system to ensure that:
 - **they do not put themselves or anyone else at risk**
 - **they do not recycle through the system**
- Sufficient inpatient and community-based treatment structures



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